

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: DEFECT REPAIR METHOD, IN PARTICULAR  
FOR REPAIRING QUARTZ DEFECTS ON  
ALTERNATING PHASE SHIFT MASKS

Attorney Docket Number:: 006410.00003

Request for Early Publication?:: NO

Request for Non-Publication?:: NO

Suggested Drawing Figure::

Total Drawing Sheets:: 3

Small Entity?:: NO

Latin name::

Variety denomination name::

Petition included?:: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: NO

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMAN  
Status:: Full Capacity  
Given Name:: Ralf  
Middle Name::  
Family Name:: Ludwig  
Name Suffix::  
City of Residence:: München  
State or Province of Residence::  
Country of Residence:: Germany  
Street of mailing address:: Akazienstr. 3  
City of mailing address:: München  
State or Province of mailing address::  
Country of mailing address:: Germany  
Postal or Zip Code of mailing address:: 81547

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMAN  
Status:: Full Capacity  
Given Name:: Martin  
Middle Name::  
Family Name:: Verbeek  
Name Suffix::  
City of Residence:: München  
State or Province of Residence::  
Country of Residence:: Germany  
Street of mailing address:: Luderitzstr. 6

City of mailing address:: München  
State or Province of mailing address::  
Country of mailing address:: Germany  
Postal or Zip Code of mailing address:: 81929

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

### **Correspondence Information**

Correspondence Customer Number:: 22907

### **Representative Information**

Representative Customer Number:: 22907

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
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This Application			

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
Germany	102 44 399.8	09/24/02	YES

### Assignee Information

Assignee name:: Infineon Technologies AG  
 Street of mailing address:: St.-Martin-Str. 53  
 City of mailing address:: Munich  
 State or Province of mailing address::  
 Country of mailing address:: Germany  
 Postal or Zip Code of mailing address:: 81669